PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

REQUEST FOR REINSTATEMENT OF SUSPENDED AUTHORITIES

NAME OF COMPANY	T-NUMBER OR TCP/PSC NUMBER
ADDRESS	
CITY, STATE, ZIP CODE	
AREA CODE AND TELEPHONE NUMBER	
COMPANY EMAIL ADDRESS	

RETURN COMPLETED FORM TO:
California Public Utilities Commission
License Section
505 Van Ness Avenue
San Francisco, CA 94102

OR EMAIL TO: licensing@cpuc.ca.gov

This form is to be completed and returned at the time you desire reinstatement of your authority from voluntary suspension. In addition you must **have all required insurance(s) on file**. Failure to accurately complete this form may delay reinstatement of your authorities.

THE UNDERSIGNED REQUESTS THE REINSTATEMENT OF THE OPERATING AUTHORITIES CHECKED BELOW:

- ☐ HOUSEHOLD GOODS CARRIER PERMIT
- ☐ CHARTER PARTY CLASS "P" PERMIT
- ☐ CHARTER PARTY CLASS "S" PERMIT
- ☐ CHARTER PARTY CLASS "Z" PERMIT
- ☐ CHARTER PARTY CLASS "A" CERTIFICATE
- ☐ CHARTER PARTY CLASS "B" CERTIFICATE
- ☐ CHARTER PARTY CLASS "C" CERTIFICATE

INSURANCE AGENT OR BROKER

NAME: _____ POLICY # _____

PHONE: ( ) _____ EMAIL _____

ADDRESS: _____
STREET ADDRESS CITY COUNTY ZIP CODE

THIS REQUEST MUST BE ACCOMPANIED BY A COMPLETED:

Household Goods Carriers: **TL706-D (Reporting of Equipment)**

Passenger Carriers: **PL664 (Equipment Statement/Vehicle Inspection)**

CERTIFICATION

I certify under penalty of perjury that the forgoing list and any attachments of all vehicles used in transportation for compensation by the carrier are true and correct. Where the CPUC operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make the certification on its behalf.

Date: _____ _____

_____
Signature of Applicant(s)

If applicant is a corporation:

_____
Signature of Corporate Officer

_____ _____
Name of Corporate Officer **Title of Corporate Officer**

TL528 (Rev. 10/15)